FORM C-EF

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS <u>E (HHG)</u>

5.3 ,20.06

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

PIOVISION OF E	1
1.	Name under which business is to be conducted (corporation, partnership, or sole
1.	intending with or without trade, name, i
GRAN	of Strand Moune & Stonage LLC
2.	(a) Street Address of Applicant 141 E. Coxes Form Rd
	Connay SC 29522
	(b) Mailing address, if different from street address P. O. Box 50095
	Mystle Beach SC 29578
	(c) Telephone Number 843 234 1181 SS No. 6
3.	If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4.	(a) If a partnership, names and addresses of all persons having an interest in the business.(b) If a corporation, names and addresses of two principal officers will be sufficient.
	RECEIVED
	MAY 0 4 2006
	Do
5.	(a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".

(b) Class F - Contracts are included herewith.

The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. WHIGS
The proposed list of equipment is as per Exhibit "D" included herewith.
Applicant proposes to operate service applied for as follows: (Check one) (a) Intrastate Only(b) Interstate Only
IMPORTANT! If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission before application will be accepted. Annual report form attached for your convenience. If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.
Is applicant certified to provide intrastate transportation of household goods in another state? Yes No (Check one). If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? Yes No(Check one)
If yes, list dates and nature of convictions below.
Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state? Yes No (Check one).
If yes, list dates and reason for revocation below.

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

	Balance at Time Application is Filed: Month: APRIL 1ST Year: 2006
Assets:	
Cash	\$82,269.00
Receivables	\$29,880.00
Real Estate	
Buildings and Equipment-Net	\$18,687.00
Motor Vehicles-Net	\$402,375.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	\$21,830.00
Prepaids and Other Assets	
Total Assets	\$555,041.00
Liabilities and Equity: Accounts Payable	
Notes Payable	\$25,768.00
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$25,768.00
Capital Stock	
Retained Earnings	\$146,238.00
Total Equity	\$145,929.00
Total Liabilities and Equity	\$171,698.00

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,]
COUNTY OF HORRY
1, Michael W. Anderson. Acordant
(Name of Applicant's Representative) (Title)
of and Schard Moring ESHAM Applicant for the Certificate of Public
(Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained
in the above Application are true and correct.
SWORN TO BEFORE ME
This the 3rd day of may 2006]
This the 3rd day of May 2006]
Ann Dewende. My (Signature of Applicant's Representative)
(Notary Public) (Signature of Applicant's Representative)
My Commission Expires: 17 may Zolo

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

	olina Code of 1976, as amended is <u>Grand</u> address of the initial designated office of the	Limited Liability Company in South Car
	141 Cox Ferry Roa	d
	Street Addi	ess
	Conway, South Carolina City	29526
Tho i	•	Zip Code
11161	nitial agent for service of process of the Limit	ed Liability Company is
H. Name	Wallace Anderson	H. Wallace anderon
and th	ne street address in South Carolina for this in	tial agent for service of process is
	141 Cox Ferry	
	Street Addre Conway, South Carolina	
	City	29526
The n	ame and address of analy	Zip Code
The na	ame and address of each organizer is H. Wallace Anderson Name	Zip Code
	H. Wallace Anderson	
	H. Wallace Anderson	Conway
	H. Wallace Anderson Name 141 Cox Ferry Road	Conway City
	H. Wallace Anderson Name 141 Cox Ferry Road Street Address	Conway
	H. Wallace Anderson Name 141 Cox Ferry Road Street Address SC State	Conway City 29526
(a)	H. Wallace Anderson Name 141 Cox Ferry Road Street Address SC	Conway City 29526
(a)	H. Wallace Anderson Name 141 Cox Ferry Road Street Address SC State	Conway City 29526
(a)	H. Wallace Anderson Name 141 Cox Ferry Road Street Address SC State Name	Conway City 29526 Zip Code

Name of Limited Liability Company

6.	[]	or managers. If this company is to be address of each initial manager:	f the limited liability company is vested in a manage managed by managers, specify the name and
	(a)		
		Name	
		Street Address	City
		State	Zip Code
	(b)	Name	
		Street Address	City
		State	Zip Code
	(c)	Name	
		Street Address	City
		State	Zip Code
	(d)	Name	
		Street Address	City
		State	Zip Code
		(Add additional lines if necessary)	
	[]	debts and obligations under section 33	ne members of the company are to be liable for its -44-303(c). If one or more members are so liable, debts, obligations or liabilities such members are

8.	Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9.	Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10.	Signature of each organizer

.....e of Limited Liability Company

Date 6-5-00

FILING INSTRUCTIONS

- 1. File two copies of this form, the original and either a duplicate original or a conformed copy.
- 2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
- 3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State P.O. Box 11350 Columbia, SC 29211

(Add Additional lines if necessary)

The first annual report for a Limited Liability Company must be delivered to the Secretary of State between January first 4. ant April first of the calendar year after which the Limited Liability Company was organized or the foreign company was first authorized to transact business in South Carolina. Subsequent annual reports must be delivered to the Secretary of State between January first and April first of the ensuing calendar years.

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-2511.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649 COLUMBIA, SC 29211

Grand Shand Moving 8, Storage LLC (APPLICANT)

141 E. Coxes Terry Rd Convay S.C.

(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

As per the S.C. TARILL Bureau

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649 Columbia, South Carolina 29211

and Strand moving & Storage LLC (Name)
(Name)
141 E, Coxes Ferry Rd Canway S. C. (Address)
Over Irregular Routes:
Commodities to be Transported:
Household Goods, As Defined in R. 103-210(1):
Area to be Served: (List counties in detail) Between point E. Plases in Str. Carolina
Date: 5-2.06 Date: 5-2.06 Michael And ERSON President Title

Rev. 12/03

PAGE 01

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA DESCRIPTION OF EQUIPMENT

MAKE	MODEL & YEAR	VIN #	WEIGH EMPTY	CARRYING CAPACITY *	
Dital	2000	IHTSCAAMSYH30000	16800	26,000	
פעומט	1995 T	M&12828	17500	29000	
Shirl	1999	7R68220	16700	9,000	
					Various qualit
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					v vod i i i voz sa kazar
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			Alaman		
		-			
• Seats	if passenger	carrier or tonnage if freigh	it carrier.		
	<u>-</u>	Chaor		wing & Sto.	na le
Date: 2	5-2-1	O 6 (Applie	La U.A. de cant's Representative)		
		Pr	usdet (Title)		

5/1/2006 5/1/2007 PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 5/1/2006 5/1/2007 (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE INSURER AFFORDING COVERAGE INSURER B: Commerce & Industry - AIG INSURER C: INSURER D:
INSURER A: Firemans Fund Insurance Company MSURER B: Commerce & Industry - AIG INSURER C: INSURER D: INSURER E: TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING DITHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR RIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH BY PAID CLAIMS. POLICY EFFECTIVE POLICY EXPRATION LIMITS 5/1/2006 5/1/2007 5/1/2006 5/1/2007 EACH OCCURRENCE \$ 1,000,000 PREMISES (Ea occurrence) \$
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(Per socident)
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PROPERTY DAMAGE (Per accident) \$ \$500 PD DED
OTHER THAN AUTO ONLY: AGG \$
EACH OCCURRENCE \$
AGGREGATE \$
\$
9/26/2005 9/26/2006 E.L. EACH ACCIDENT \$ 500,000
E.L. DISEASE - EA EMPLOYEE \$ 500,000
E.L. DISEASE - POLICY LIMIT S 500,000
5/1/2006 5/1/2007 Carrier Legal Liability See Below
AUTO ONLY: AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ AGGREGATE \$ AGGREGATE \$ AGGREGATE \$ AGGREGATE \$ S S S S S S S S S

INSURANCE QUOTE

	appathached
The following insurance quote is for:	<i>21</i>
The following insurance quote is for.	2 (1
Grand Strand Movin	Name of Motor Carrier)
(Name of Motor Carrier)
141 E Coxes Ferry Rd	Buday S.C
(A	Address of Motor Carrier)
Amount of Premium:	
-V103	
Liability Insurance 50683	
Cargo Insurance 9321 00	
The above quoted premiums are for a term	ofmonths.
	expires
TiRemans Tund	8-91-026 9999999 5/1/67 asurance Company Name)
(II	nsurance Company Name)
Riley E associates Chale	52_4
(Home	e Office Address of Company)
(12011)	o orner realities of our party
is familiar with the Commission's Rules an	nd Regulations relating to insurance requirements and the above
quote meets the minimum insurance limits	prescribed. The insurance company making this quote is
authorized by the South Carolina Departm	ent of Insurance to do business in South Carolina.
5.2-06 m	
	horized Insurance Company Representative)

*** Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211.

EXHIBIT FWA

<u>Nan</u>	10: Frank Strand Morny & Storage LLC
<u>Add</u>	ress: 14) E. Caxes Terry Rd Carray Sx
	phone No. 843 234 1181 Fax No. 843 347 254)
<u>U.S.</u>	D.O.T. No. 076235 ICC No.
1.	Does Applicant have a Safety Rating from the U.S.D.O.T.?
	Yes No Pending (Submit when received) (If "yes", indicate rating and provide copy) Satisfactory Conditional Unsatisfactory
2.	Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?
	YesNo
3.	Are there currently any outstanding judgement(s) against Applicant?
	YesNo (If "yes", indicate nature of judgement(s).
4.	Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations? Yes No
5.	Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
	Yes No (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)
	(Applicant's Signature)
	Sworn to before me
At _	Som top S.C.
This	day of max, 2006
	(Notary Public)

STATE OF SOUTH CAROLINA

Re: Safety Compliance

NAME (OF CARRIER
	TOURS, Jane
Gendel	On the Manual Comment of the Comment
Could	land Movings storage
SUGIAZAN	d Charters Tax
on Taken:	
Referred for Safety Co	omolianda
~~~ /// // A	
Date 112-26-02	Investigator Papacili
Date <u>(12-26-02</u>	Investigator Tapuc//
Date <u>(12-26-02</u>	Investigator <u>Papac//</u> Date
liance Action:  Satisfactory  Unsatisfactory	Date 02-26-02
liance Action:  Satisfactory	Date 02-26-02
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liance Action:  Satisfactory  Unsatisfactory	Date 02-26-02
liance Action:  Satisfactory  Unsatisfactory  Follow up within 45 d	Date 02-26-02
liance Action:  Satisfactory  Unsatisfactory  Follow up within 45 d	Date 02-26-02
liance Action:  Satisfactory  Unsatisfactory  Follow up within 45 d	Date 02-26-02
liance Action:  Satisfactory  Unsatisfactory  Follow up within 45 d	Date 02-26-02
liance Action:  Satisfactory  Unsatisfactory  Follow up within 45 d	Date 02-26-02

WDR/klg

Koger Executive Center
220 Executive Center Drive Winthrop Building, Suite 200, Columbia, SC 29210-8422
Telephone; (803) 731-1437 Fax; (803) 731-1408